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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Zambia

Proposed UNFPA assistance:	$10.5 million, $8.5 million from regular resources and $2 million from multi-bilateral and/or regular resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	4.5	2.0	6.5
Population & development strategies	3.0	-	3.0
Advocacy	1.0	-	1.0
Total	8.5	2.0	10.5

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ZAMBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	51.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	15.0	≥55
Access to basic health services (%)[3]	75.0	≥60
Infant mortality rate (/1000)[4]	104.0	≤50
Maternal mortality rate (/100,000)[5]	150.0	≤100
Gross female enrolment rate at primary level (%)[6]	62.2	≥75
Adult female literacy rate(%)[7]	67.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	9,456
Population in year 2000 (000)	10,754
Sex ratio (/100 females)	97.8
Per cent urban	43.0
Age distribution (%)	
Ages 0-14	47.5
Youth (15-24)	20.0
Ages 60+	3.8
Percentage of women aged 15-49	45.5
Median age (years)	16.2
Population density (/sq. km.)	13
Annual population growth rate (%)	2.6
Urban	3.3
Rural	2.0
Crude birth rate (/1000)	41.9
Crude death rate (/1000)	16.2
Net migration rate (/1000)	0.0
Total fertility rate (woman)	5.98
Life expectancy at birth (years)	
Males	45.4
Females	46.8
Both sexes	46.1
GNP per capita (U.S. dollars, 1994)	350

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Zambia achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $10.5 million, of which $8.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2 million from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Zambia.

2. The proposed programme is in keeping with the recommendations of the programme review and strategy development (PRSD) mission undertaken jointly with the Government in February/March 1996; the National Population Policy; the Country Strategy Note (CSN) for 1997-2001; the draft National Gender Policy; and the National Population and Development Programme of Action (1996-2015). Local non-governmental organizations (NGOs) also participated at all levels of programme formulation through the Inter-Agency Technical Committee on Population.

3. Zambia is a "Group A" country under UNFPA's new resource allocation scheme. The main purpose of the proposed programme is to strengthen the technical and managerial capacities of institutions involved in the national population programme and to integrate population and gender concerns into all plans, policies, programmes and strategies aimed at achieving sustainable human development. In relation to other donors in Zambia, UNFPA tends to have a special comparative advantage in the areas of population and development strategies and advocacy, and these areas will receive increased funding compared to the past. The major focus, however, will continue to be on reproductive health, including family planning and sexual health, where although UNFPA does not play the preponderant role in terms of external funding, it does play a lead role in terms of donor coordination and advocacy, and where it fills an important gap in providing support to those provinces with the worst reproductive health indicators.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Zambia's population has grown from 3.5 million at Independence in 1964 to 9.7 million at the end of 1996. The rate of population growth is currently estimated at 2.6 per cent a year. There are indications of some incipient decline in the total fertility rate from 6.7 in 1990 to 6.5 in 1992, and a further decline to about 6.0 over the next five years has been forecast by the United Nations. The

contraceptive prevalence rate was 15.2 per cent for all methods and 8.9 per cent for modern methods among currently married women in 1992. The proportion of households headed by females was 16.9 per cent in 1990. The infant mortality rate increased from 97 per 1,000 live births in 1980 to 123 per 1,000 in 1990 and is currently estimated at slightly more than 100 per 1,000. The HIV/AIDS pandemic continues to take its toll: 13-17 per cent of the adult population were reported to be infected in 1994, and AIDS was estimated to account for half of all deaths in 1995. As a consequence, life expectancy at birth has declined, from 54 years in 1980 to 46 years in 1995.

6. The situation of women underlies the proposed programme's emphasis on gender concerns. Under the patriarchal system of social relations prevailing in the country, women are generally expected to defer to men in making major decisions, including those related to reproductive health. Despite their nominally equal status to that of men under the Constitution, women are discriminated against under customary, family and personal law. They have higher illiteracy rates and are more pervasively affected by poverty. Their access to education, employment, housing, land, inheritance of property, credit and transport remains circumscribed. Violence against women is widespread.

Previous UNFPA assistance

7. Cooperation between UNFPA and the Government of Zambia started in 1972, and the first country programme began in 1984. There have been important achievements, including the 1989 National Population Policy and the establishment of the Inter-Agency Technical Committee on Population and its sub-committees; the 1980 and 1990 national censuses; the establishment of the Demography Division at the University of Zambia and the training of some 130 demographers; the establishment of a Family Health Unit at the Ministry of Health and support for the National Family Planning Programme; and significant advances in the fields of population information, education and communication (IEC), adolescent reproductive health and gender concerns.

8. The major lesson learned from previous UNFPA programmes was that they were predicated on unrealistic assumptions about the priority that the Government could give to population matters in the face of other pressing concerns. For example, even though it was called for in the National Population Policy, it was not possible to establish a National Population Council. Furthermore, the third country programme (1994-1996) had to operate in a climate of uncertainty in the context of the Public Service Reform Programme (PSRP), under which all major national institutions are being restructured. The nine projects developed during the third country programme could only be approved in 1996, leading to the low programme implementation rate.

9. The real challenge for carrying out the population programme has been to redesign support to the Ministry of Health within the constraints imposed by the public service reform. A reproductive health sensitization workshop was held at the national level by the Ministry of Health in May 1996 to integrate reproductive health care into the national health reform process that is currently being

undertaken and to develop a national reproductive health strategy and network . The Family Health Unit is now being strengthened, has developed a clearer vision of reproductive health and has been taking active steps to operationalize, coordinate and implement a complex national reproductive health programme involving multiple organizations and donors. A 1995 baseline survey revealed that demand for family planning services is increasing in districts, and this will be reflected in future district plans. In this regard, another positive development has been the increased contribution by national and international NGOs to reproductive health services, some demonstrating that by increasing the quality of care, utilization of reproductive health services can increase rapidly in the urban areas. A new family planning policy guidelines and standards document has also helped to integrate family planning into the national reproductive health programme and has raised the profile of family planning within the Ministry of Health.

10. In the third country programme, WHO joined the Fund in supporting the contraceptive needs assessment study and production of the family planning policy guidelines and standards document, and WHO and UNICEF supported the Safe Motherhood needs assessment study. The Swedish International Development Cooperation Authority (Sida) provided support to the Ministry of Health and promoted sexual and reproductive health education in schools. Sida will provide $8.5 million over the next four years to support reproductive health, including safe abortion services, HIV/AIDS prevention, and the national health survey. The United States Agency for International Development (USAID) is planning to spend $60 million in health sector funding over the next four years focused on 20 districts in Central, Copperbelt, Eastern, Lusaka and Southern provinces, and this includes activities in the area of reproductive health. The British Overseas Development Administration (ODA) is planning to implement a $9 million project over the next five years to procure the entire public sector contraceptive requirements of the country; strengthen family planning logistics and information systems in the Ministry of Health, and support community-based family planning services in Eastern Province in conjunction with the Planned Parenthood Association of Zambia.

11. UNFPA has played the lead role in assisting the Government to coordinate the activities of donors in the field of reproductive health, as well as promoting broader Government-donor coordination of the national population programme through the Inter-Agency Technical Committee on Population. With the development of a national reproductive health programme, it is expected that there will be a much more rational division of labour among the donors in response to clearly articulated national plans for training, standardized equipment procurement and upgrading of health centres. Although UNFPA has only contributed a minor share of financing for reproductive health activities, other donors recognized the Fund's comparative advantage in terms of its ability to work on reproductive health policy issues with the Government and also UNFPA's preeminent role in helping to formulate the national population programme. The major focus of UNFPA support is to develop national capacity by providing training and strengthening national institutions. The Fund is working closely with USAID on family planning, IEC and advocacy issues; with Sida on reproductive

health issues; and with WHO and UNICEF on Safe Motherhood issues, particularly maternal mortality, adolescent reproductive health and family planning.

Proposed programme

12. In pursuing equitable and sustainable human development, the Government of Zambia fully subscribes to the strategy proposed by the PRSD, namely, to intensify support for developing and implementing the national population programme at the provincial and district levels, while at the same time continuing to support policy development and institutional restructuring at the national level. The proposed programme would enable Zambia to work towards the goal of ICPD as well as to open up opportunities for programme expansion in key UNFPA programme priority areas under the Government's policy of decentralization.

13. Reproductive health. In the area of reproductive health, UNFPA will support the improvement of services in 13 districts in four provinces. This will mean expanding access to quality reproductive health services to health centres in these districts as part of the national health reform target of upgrading 400 health centres. All of the health centres assisted by UNFPA will be made accessible to adolescents and will provide reproductive health services designed to meet their needs. UNFPA support will enhance the quality and accessibility of reproductive health care by ensuring that these centres become more responsive to the needs of women. This would include providing adequate space and privacy in health facilities; supplying the medical equipment, materials and drugs relevant for reproductive health care; and addressing such quality-of-care issues as good counselling and interpersonal communication.

14. The Fund will assist in making updated, culturally appropriate, relevant and user-friendly IEC materials available in the same health centres and also for community outreach efforts. UNFPA will support the creation of demand for reproductive health, including family planning, services by men, women and adolescents through targeted IEC strategies. These will be designed to raise awareness of the economic and health benefits of family planning based on sociocultural research, with special attention being paid to encouraging male responsibility in reproductive health including family planning. The programme will also focus on reaching adolescents both in school and out of school.

15. The proposed programme will support management training for policy development, programming, monitoring, evaluation and development of reproductive health guidelines and tools in the context of the national health reform; supportive supervision, planning, monitoring and evaluation of reproductive health programmes at the district level; and pre- and in-service training for health workers to enable them to provide the full spectrum of quality reproductive health care appropriate for the particular district in which they serve. UNFPA will also promote sociocultural research and health systems operations research to provide a base for the review and design of culturally appropriate, more effective programming.

16. The Country Strategy Note provides for direct United Nations system support to NGOs and community-based organizations, and UNFPA will assist in developing a support programme for NGOs and community-based organizations to increase demand for reproductive health, including family planning, services among communities in the 13 districts in the four provinces targeted for quality reproductive health service expansion. This will enhance the national reproductive health network. One aspect of the programme will be to expose selected programme participants to reproductive health activities in other countries in the region and foster information exchange on successes and failures, thereby contributing to regional initiatives and a de facto regional reproductive health network.

17. Population and development strategies. UNFPA will assist the Government in achieving the objectives of the National Population and Development Programme of Action for implementing the recommendations of the ICPD. Under this programme of action the Government has undertaken to: (a) fully integrate population concerns into development strategies, planning and decision making at all levels; (b) establish requisite institutional mechanisms to provide strong national leadership for the national population programme; (c) promote better coordination among agencies dealing with population issues; and (d) update the National Population Policy with relevant material from international forums and ministerial policies.

18. UNFPA support and financial allocation to this programme area will be increased considerably compared with the past because other donors in the population area recognize UNFPA's comparative advantage in this area and tend not to fund population and development activities. UNFPA will consequently be one of the main donors in this area. The Fund will support, together with partner United Nations agencies in the context of the Country Strategy Note, the formulation of a national sustainable human development programme that takes population variables into account. The programme will synthesize and consolidate existing, fragmented social-sector programmes. This would be designed to make investment in social sectors more attractive to donors, to lead to more effective national coordination and more efficient use of scarce national resources, and, as its ultimate goal, to improve the quality of life of Zambians.

19. UNFPA assistance will specifically support the integration of population and gender concerns into the sustainable human development strategies that are adopted. This includes a comprehensive review of the structure, functions, composition and effectiveness of existing institutional frameworks in all sectors and at all levels of government for the implementation of the national population programme. The Fund will also support technical capacity-building for national planners at central, sectoral, provincial and district levels, and for relevant NGOs, through the provision of appropriate training, materials and equipment.

20. UNFPA will support sociocultural research and the disaggregation by gender of data used in policy making. The Government's commitment to integrated population and gender-sensitive development planning has been articulated in the Strategic Plan of Action for the Advancement of Women, and the Fund will work with the Government to make it a reality.

21. Advocacy. UNFPA will assist the Government in building support for the National Population Policy including the establishment of a National Population Council and the formulation of a policy on reproductive health. The Fund will also support the Government and relevant NGOs to help in eliminating statutory and customary laws and practices that perpetuate gender discrimination and to incorporate the provisions of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) into domestic legislation. Support will be provided for advocacy efforts to help reduce the rate of girl children dropping out of school. The Fund will work more generally to aid the Government in its efforts to empower women by raising their socio-economic status and improving their quality of life.

22. UNFPA will support the Government's advocacy on reproductive health and on the policies and programmes required for its implementation at the national level, cooperating with personnel from the Ministry of Health and NGOs as well as with parliamentarians, women's groups, researchers in the population field and other relevant groups. The Zambian All-Party Parliamentary Group on Population and Development is expected to become a major advocacy channel, especially for reaching political parties, politicians and their constituencies. UNFPA will support the Government's advocacy in favour of enhancing the understanding of the role of population in the development process among parliamentarians, governmental and NGO institutions, the media and community groups.

Implementation, monitoring and evaluation

23. Responsibility for coordinating the implementation of the national population policy is currently entrusted to the Inter-Agency Technical Committee on Population, which includes relevant ministries and NGOs, in addition to donors, and has specialized sub-committees chaired by both governmental and non-governmental agencies. The Committee and its sub-committees meet regularly and are responsible for the implementation of the National Population and Development Programme of Action for implementing the ICPD recommendations. The UNFPA Country Office will provide support to the Government to strengthen the coordination of the activities of implementing and executing agencies involved in the programme. The UNFPA Representative will manage the programme and will also work closely with the United Nations Resident Coordinator to coordinate the programme in the context of the Country Strategy Note. In addition, efforts will be made to coordinate the programme in the context of the national programmes and platforms of action for follow-up to the major United Nations conferences. As noted above, initiatives are under way to synthesize these into a national sustainable human development programme. UNFPA will continue

to play the lead role in supporting coordination of international donor assistance to population-related activities.

24. The Country Strategy Note has made provisions for a mid-term review for all United Nations agencies in 1999 and final evaluation of United Nations system support to Zambia for the period 1997-2001. In addition, the proposed fourth country programme will be monitored using standard UNFPA guidelines. Regular visits will be made by the UNFPA Country Support Team (CST) advisers in line with annual technical backstopping plans. Each sub-programme and project will be designed to include monitoring and evaluation plans involving progress reports, annual project review meetings and independent evaluations. Indicators to measure progress in terms of meeting ICPD goals are being developed, as are indicators for measuring progress in terms of sustainable human development.

Recommendation

25. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Zambia, as outlined above, in the amount of $10.5 million, $8.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2 million would be sought from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.